EXHIBIT A

	Blue Access		Iowa Select	
MEDICAL	<u>Current</u>	Proposed	<u>Current</u>	Proposed
Employee Contribution Percentage	0% at any coverage level	20% at any coverage level	0%/15%	20% at any coverage level
Annual Deductible[1]	\$0/\$0	\$350/\$700 (Comprehensive)	\$250/\$500	\$750/\$1,500 (Comprehensive)
Medical Out of Pocket Maximum[2] (OPM)	\$750/\$1,500	\$1,500/\$3,000	\$600/\$800	\$2,500/\$5,000
Coinsurance	0%	20%	10% in network/20% out of network	20% in network/40% out of network
Office Visit Copayment	\$10/visit	\$25/visit	\$15/Exam Only	\$25/visit
Specialty Office Visit Copayment	\$10/visit	\$50/visit	\$15/Exam Only	\$50/visit
Emergency Room Visit Copayment	\$50 Copayment	\$50 Copayment	\$50 Copayment	\$50 Copayment
Outpatient Surgery	100% Covered	\$250 Copayment	10%/20% after deductible	20%/40% after deductible
Inpatient Admission	100% Covered	\$750 Copayment	10%/20% after deductible	20%/40% after deductible
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PHARMACY Copayment Tiers	\$5/\$15/the greater of \$30 or 25%	\$10/\$30/the greater of \$50 or 25%	\$5/\$15/ \$30	\$10/\$30/the greater of \$50 or 25%
Specialty	N/A	20% up to \$250/Rx	N/A	20% up to \$250/Rx
Pharmacy Out of Pocket Maximum	No OPM	No Change	\$250/\$500	No OPM
DELYEN	1			
DENTAL Final Contribution Property	00//500/	2007 - 4 1 1	00/1500/	200/
Employee Contribution Percentage	0%/50%	20% at any coverage level	0%/50%	20% at any coverage level
Annual Deductible[3]	\$0/\$0	\$50/\$150	\$0/\$0	\$50/\$150
WELLNESS	N/A	Employees will have the option to reduce the amount of their contribution by \$360/year as incentive for participating in a comprehensive wellness program, including but not limited to, a health risk assessment, biometric screening and health coaching, as applicable.	N/A	Employees will have the option to reduce the amount of their contribution by \$360/year as incentive for participating in a comprehensive wellness program, including but not limited to, a health risk assessment, biometric screening and health coaching, as applicable.

NOTE: Proposal includes the elimination of Program 3 Plus and Blue Advantage.

NOTE: None of the medical insurance copayments listed apply to the Medical OPM and any applicable deductible and coinsurance will apply after copayment is paid.

^[1] Deductible incorporates an embedded format where individual must only meet the single deductible. The entire family deductible does not have to be met before benefits are available for an individual. The deductible will apply to all benefits up front before insurance coverage begins, except for services for well child care and inpatient newborn care for 6 days.

^[2] OPM incorporates an embedded format where individual must only meet the single out of pocket maximum amount. The entire family out of pocket maximum amount does not have to be met before benefits are available for an individual.

^[3] Deductible incorporates an embedded format where individual must only meet the single deductible. The entire family deductible does not have to be met before benefits are available for an individual. The deductible will apply to all non-preventative benefits before insurance coverage begins.